

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007417

STATE FILE NUMBER

AMENDED

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 88

FILED APR 10 1961

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkville, Mo.		c. CITY OR TOWN Kirkville	
Length of stay in 1b 36 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOM E(606 N. ELSON)		d. STREET ADDRESS (If outside, give location) 606 N. Elson	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Leona Middle V. Last Brandenburg		4. DATE OF DEATH Month March Day 28 Year 1961	
5. SEX Female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-8-1900
9. AGE (last birthday) 60		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dental Assistant--		10b. KIND OF BUSINESS OR INDUSTRY Practical Nurse	
11. BIRTHPLACE (City and state or country) Mack Creek, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Vance		13b. MOTHER'S MAIDEN NAME Ella (Graham) Vance	
14. NAME OF HUSBAND OR WIFE William Brandenburg		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes	
17. INFORMANT William Brandenburg		Address 606 N. Elson Kirkville	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma Brain & spine DUE TO (b) Carcinoma of Breasts DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 6 months 3 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 8:15 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Kirkville, Mo.	
20g. COUNTY Adair		20h. STATE Mo.	
21. I attended the deceased from May 14, 1944 to March 28, 1961 and last saw her alive on March 28, 1961 Death occurred at 8:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Howard E. Gross, M.D.		22b. ADDRESS Kirkville, Mo.	
22c. DATE SIGNED 3-30-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-31-61	23c. NAME OF CEMETERY OR CREMATORY Highland Park	
23d. LOCATION (City, town, or county) Kirkville, Mo.		23e. STATE Mo.	
24. FUNERAL DIRECTOR Dee Riley Funeral Home		25. DATE RECD. BY LOCAL REG. 4-1-1961	
ADDRESS 415 N. Franklin, Kirkville, Mo.		26. REGISTRAR'S SIGNATURE Dorcas W. Pettiford	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Licensed Embalmer's Statement on Reverse Side)

APR 11 1961

Howard E. Gross, D.O.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Tom K. Jackson

Licensed Embalmer No. 3954

P. O. Address Kirkville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.